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23409 7590 04/29/2010

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Jodi Anderson	(Depositor's name)
/jodi anderson/	(Signature)
July 27, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/600,044	06/20/2003	Chris H. Wood	026436-9045-00	5559

TITLE OF INVENTION: SYSTEM AND METHOD FOR ADAPTIVE MEDICAL IMAGE REGISTRATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	07/29/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LAMPRECHT, JOEL	3737	600-410000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Michael Best & Friedrich LLP 2 _____ 3 _____				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Merge CAD Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bellevue, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date July 27, 2010

Typed or printed name Carlo M. Cotrone

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